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CONFIRMATION NO. 6638

<b>SERIAL NUMBER</b> 10/644,571	<b>FILING OR 371(c) DATE</b> 08/20/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> END-5106 -515143	
<b>APPLICANTS</b> Robert Hugh McKenna, Cincinnati, OH; Jean Michael Beaupre, Cincinnati, OH;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 11/14/2003</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27777					
<b>TITLE</b> METHOD AND APPARATUS TO FACILITATE NUTRITIONAL MALABSORPTION					
<b>FILING FEE RECEIVED</b> 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		